

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM

STATE OF HAWAII (Type or Print Clearly) STATE ETHICS COMMISSIJI. **PARTI** LOBBYIST **TELEPHONE** NAME (Last) (First) (Middle) Melinda 847-315-8927 Baker MAILING ADDRESS (Street) FAX 104 Wilmot Rd., MS #1444 **EMAIL** mindy.baker@walgreens.com (State) (Zip Code) (City) IL. 60015 Deerfield EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** FAX MAILING ADDRESS (Street) **EMAIL** (State) (Zip Code) (City)

PART II ORGANIZATION	1		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Walgreen Co.			
			847-315-6829
MAILING ADDRESS (Street) 104 Wilmot Rd., MS #1444		FAX	
		EMAIL	
(City)	(State)	(Zip Code)	
Deerfield	IL	60015	
NAME OF PERSON RESPONSIBLE F	TELEPHONE		
G. Joel Baise		847-315-6829	
MAILING ADDRESS (Street)		FAX	
104 Wilmot Rd., MS #1444		EMAIL joel.baise@walg	reens.com
(City)	(State)	(Zip Code)	
Deerfield	IL	60015	11.PS

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PART III DESCRIPTION	NOF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBE	3Y		
☐ Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
	-				
PART IV CERTIFICATION	ON OF LOBBYIST				
	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
Thereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
12/13/12					
(Signature of Lobbyist) (Date)					
	(0.9				
PART V AUTHORIZAT	ION TO LOPPY				
PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENT					
G. Joel Baise	Director, Government Relations				
NAME OF ORGANIZATION (if applicable)		TELEPHONE			
Walgreen Co.			847-315-6829		
MAILING ADDRESS (Street)			FAX		
104 Wilmot Rd., MS #1444			EMAIL oel.baise@walgreens.com		
(City)	(State)	•	(Zip Code)		
Deerfield	IL 60015		60015		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
K - () 20	12/17/12				
(Signature of Authorizing Officer or Person Represented) (Date)					